

**California Code of Regulations**  
**TITLE 22. SOCIAL SECURITY**  
**DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES**  
**CHAPTER 4. EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC**

**Article 1. Definitions**

**100135. Approved Testing Agency.**

"Approved Testing Agency" means an agency approved by the EMS Authority to administer the licensure examination.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

**100136. Continuous Quality Improvement**

"Continuous Quality Improvement" or "CQI" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process.

Note: Authority cited: Sections 1797.107, 1797.172, 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.204 Health and Safety Code.

**100137. Paramedic Training Program Approving Authority.**

"Paramedic training program approving authority" means an agency or person authorized by this Chapter to approve an Emergency Medical Technician-Paramedic training program, as follows:

- (a) The approving authority for an Emergency Medical Technician-Paramedic training program conducted by a qualified statewide public safety agency shall be the director of the EMS Authority.
- (b) The approving authority for any other Emergency Medical Technician-Paramedic training program not included in subsection (a) shall be the local EMS agency which has jurisdiction in the area in which the training program is headquartered.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.200 and 1797.208, Health and Safety Code.

**100138. Paramedic Licensing Authority.**

"Paramedic Licensing Authority" means the director of the EMS Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.194, and 1797.210, Health and Safety Code.

**100139. Emergency Medical Technician-Paramedic (EMT-P).**

"Emergency Medical Technician-Paramedic" or "EMT-P" or "paramedic" or "mobile intensive care paramedic" means an individual who is educated and trained in all elements of prehospital advanced life support; whose scope of practice

to provide advanced life support is in accordance with the standards prescribed by this Chapter, and who has a valid license issued pursuant to this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.194, Health and Safety Code. Reference: Sections 1797.84, 1797.172, and 1797.194, Health and Safety Code.

**100140. Licensure Skills Examination.**

"Skills or practical examination" means an examination approved by the EMS Authority to test the skills of an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for one (1) year from the date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code.

**100141. Licensure Written Examination.**

"Licensure Written Examination" means a written examination approved by the EMS Authority to test an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for one (1) year from date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.185, 1797.194, and 1797.210, Health and Safety Code.

**100142. Local Accreditation.**

"Local Accreditation" or "accreditation" or "accreditation to practice" means authorization by the local EMS agency to practice as a paramedic within that jurisdiction. Such authorization indicates that the paramedic has completed the requirements of Section 100166 of this Chapter.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.194, and 1797.210, Health and Safety Code.

**100143. State Paramedic Application.**

"State Paramedic Application" or "state application" means an application form provided by the EMS Authority to be completed by an individual applying for a license or renewal of license or applying for a duplicate license, as identified in Section 100163.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.185, and 1797.194, Health and Safety Code.

**Article 2. General Provisions**

**100144. Application of Chapter.**

- (a) Any local EMS agency that authorizes a paramedic training program or an advanced life-support service that provides services utilizing paramedic personnel as part of an organized EMS system, shall be responsible for approving paramedic training programs, paramedic service providers, paramedic base hospitals, and for developing and enforcing standards, regulations, policies and procedures in accordance with this chapter to provide continuous quality improvement, appropriate medical control, and coordination of paramedic personnel and training program(s) within an EMS system.
  - (b) No person or organization shall offer a paramedic training program, or hold themselves out as offering a paramedic training program, or hold themselves out as providing advanced life-support services utilizing paramedics for the delivery of emergency medical care unless that person or organization is authorized by the local EMS agency.
  - (c) A paramedic who is not licensed in California may temporarily perform his/her scope of practice in California on a mutual aid response, on routine patient transports from out of state into California, or during a special event, when approved by the medical director of the local EMS agency, if the following conditions are met:
    - (1) The paramedic is licensed or certified in another state/country or under the jurisdiction of the federal government.
    - (2) The paramedic restricts his/her scope of practice to that for which s/he is licensed or certified.
    - (3) Medical control as specified in section 1798 of the Health and Safety Code is maintained in accordance with policies and procedures established by the medical director of the local EMS agency.
- NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.195, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.195, 1797.200, 1797.204, 1797.206, 1797.208, 1797.218, 1797.220, 1798 and 1798.100, Health and Safety Code.

#### **100145. Scope of Practice of Paramedic.**

- (a) A paramedic may perform any activity identified in the scope of practice of an EMT-I in chapter 2 of this division, or any activity identified in the scope of practice of an EMT-II in chapter 3 of this division.
- (b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.
- (c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.
  - (1) Basic Scope of Practice:**
    - (A) Perform defibrillation and synchronized cardioversion.
    - (B) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with forceps.
    - (C) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, and adult oral endotracheal intubation.
    - (D) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins ; and monitor and administer medications through pre-existing vascular access.

- (E) Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
- (F) Obtain venous blood samples.
- (G) Use glucose measuring device.
- (H) Perform Valsalva maneuver.
- (I) Perform needle cricothyroidotomy.
- (J) Perform needle thoracostomy.
- (K) Monitor thoracostomy tubes.
- (L) Monitor and adjust IV solutions containing potassium, equal to or less than 20 mEq/L.
- (M) Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.
- (N) Administer, using prepackaged products when available, the following medications:
  - 1. 25% and 50% dextrose;
  - 2. activated charcoal;
  - 3. adenosine;
  - 4. aerosolized or nebulized beta-2 specific bronchodilators;
  - 5. aspirin;
  - 6. atropine sulfate;
  - 7. bretylium tosylate;
  - 8. calcium chloride;
  - 9. diazepam;
  - 10. diphenhydramine hydrochloride;
  - 11. dopamine hydrochloride;
  - 12. epinephrine;
  - 13. furosemide;
  - 14. glucagon;
  - 15. midazolam;
  - 16. lidocaine hydrochloride;
  - 17. morphine sulfate;
  - 18. naloxone hydrochloride;
  - 19. nitroglycerin preparations, except intravenous, unless permitted under (c)(2)(A) of this section;
  - 20. sodium bicarbonate; and
  - 21. syrup of ipecac.

**(2) Local Optional Scope of Practice:**

(A) Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgement of the medical director of the local EMS agency, that have been approved by the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

(B) The medical director of the local EMS agency shall submit Form #EMSA-0391 dated 1/94 to, and obtain approval from, the Director of the EMS Authority in accordance with section 1797.172 (b) of the Health and Safety Code for any procedures or medications proposed for use pursuant to this subsection prior to implementation of these medication(s) and or procedure(s).

(C) The EMS Authority shall, within fourteen (14) days of receiving the request, notify the medical director of the local EMS agency submitting request Form #EMSA-0391 that the request form has been received, and shall specify what information, if any, is missing.

(D) The Director of the EMS Authority shall approve or disapprove the request for additional procedures and/or medications and notify the local EMS agency medical director of the decision within ninety (90) days of receipt of the completed request.

(E) The Director of the EMS Authority, in consultation with a committee of the local emergency medical services medical directors named by the Emergency Medical Directors Association of California, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.

(d) The medical director of the local EMS agency may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician or mobile intensive care nurse, provided that CQI measures, as specified in Section 100172, are in place.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, 1797.192, 1797.195, and 1797.214, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

#### **100146. Paramedic Trial Studies.**

A paramedic may perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the medical director of the local EMS agency and the Director of the Emergency Medical Services Authority.

(a) The medical director of the local EMS agency shall review a trial study plan, which at a minimum shall include the following:

(1) A description of the procedure(s) or medication(s) proposed, the medical conditions for which they can be utilized, and the patient population that will benefit.

(2) A compendium of relevant studies and material from the medical literature.

(3) A description of the proposed study design including the scope of the study and method of evaluating the effectiveness of the procedure(s) or medication(s), and expected outcome.

(4) Recommended policies and procedures to be instituted by the local EMS agency regarding the use and medical control of the procedure(s) or medication(s) used in the study.

(5) A description of the training and competency testing required to implement the study.

(b) The medical director of the local EMS agency shall appoint a local medical advisory committee to assist with the evaluation and approval of trial studies. The membership of the committee shall be determined by the medical director of the local EMS agency, but shall include individuals with knowledge and experience in research and the effect of the proposed study on the EMS system.

- (c) The medical director of the local EMS agency shall submit the proposed study and send a copy of the proposed trial study plan at least forty-five (45) days prior to the proposed initiation of the study to the Director of the EMS Authority for approval in accordance with the provisions of section 1797.172 of the Health & Safety Code. The EMS Authority shall inform the Commission on EMS of studies being initiated.
  - (d) The EMS Authority shall notify, within fourteen (14) days of receiving the request, the medical director of the local EMS agency submitting its request for approval of a trial study that the request has been received, and shall specify what information, if any, is missing.
  - (e) The Director of the EMS Authority shall render the decision to approve or disapprove the trial study within forty-five (45) days of receipt of all materials specified in subsections (a) and (b) of this section.
  - (f) The medical director of the local EMS agency within eighteen (18) months of initiation of the procedure(s) or medication(s), shall submit a written report to the Commission on EMS which includes at a minimum the progress of the study, number of patients studied, beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.
  - (g) The Commission on EMS shall review the above report within two (2) meetings and advise the EMS Authority to do one of the following:
    - (1) Recommend termination of the study if there are adverse effects or no benefit from the study is shown.
    - (2) Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inconclusive benefit is shown.
    - (3) Recommend the procedure or medication be added to the paramedic basic or local optional scope of practice.
  - (h) If option (g) (2) is selected, the Commission on EMS may advise continuation of the study as structured or alteration of the study to increase the validity of the results.
  - (i) At the end of the additional eighteen (18) month period, a final report shall be submitted to the Commission on EMS with the same format as described in (f) above.
  - (j) The Commission on EMS shall review the final report and advise the EMS Authority to do one of the following:
    - (1) Recommend termination or further extension of the study.
    - (2) Recommend the procedure or medication be added to the paramedic basic or local optional scope of practice.
  - (k) The EMS Authority may require the trial study(ies) to cease after thirty-six (36) months.
- NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.3, 1797.172 and 1797.221, Health and Safety Code.

**100147. Responsibility of the Local EMS Agency.**

The local EMS agency that authorizes an advanced life support program shall establish policies and procedures approved by the medical director of the local EMS agency, that shall include:

- (a) Approval, denial, revocation of approval, suspension, and monitoring of training programs, base hospitals, and paramedic service providers.
- (b) Assurance of compliance with provisions of this Chapter by the paramedic program and the EMS system.
- (c) Submission to the State EMS Authority, as changes occur, of the following information on the approved paramedic training programs:

- (1) Name of program director and/or program contact;
- (2) Address, phone number, and facsimile number;
- (3) Date of approval and date of expiration.
- (d) Development or approval, implementation and enforcement of policies for medical control, medical accountability, and CQI of the paramedic services, including:
  - (1) Treatment and triage protocols.
  - (2) Patient care record and reporting requirements.
  - (3) Medical care audit system.
  - (4) Role and responsibility of the base hospital and paramedic service provider.
- (e) System data collection and evaluation.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100 , Health and Safety Code.

### **Article 3. Program Requirements for Paramedic Training Programs**

#### **100148. Approved Training Programs.**

- (a) The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support within an organized EMS system.
- (b) By January 1, 2004, all paramedic training programs approved by a paramedic training program approving authority prior to January 1, 2000 shall be accredited and maintain current accreditation by the Joint Review Committee on Educational Programs for the EMT-Paramedic (JRCEMT-P).
- (c) All paramedic training programs approved by a paramedic training program approving authority January 1, 2000 or thereafter shall apply for JRCEMT-P accreditation after one year of operation and receive and maintain JRCEMT-P accreditation after three (3) years from application for JRCEMT-P accreditation in order to continue to operate as an approved paramedic training program.
- (d) Paramedic training programs shall submit to their respective paramedic training program approving authority proof of initial application for JRCEMT-P accreditation, and annually thereafter submit documentation specifying their JRCEMT-P accreditation status.
- (e) Eligibility for program approval shall be limited to the following institutions:
  - (1) Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
  - (2) Medical training units of a branch of the Armed Forces or Coast Guard of the United States.
  - (3) Licensed general acute care hospitals which meet the following criteria:
    - (A) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of Division 5;
    - (B) provide continuing education to other health care professionals; and
    - (C) are accredited by the Joint Commission on the Accreditation of Healthcare Organizations.

(4) Agencies of government.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

**100149. Teaching Staff.**

(a) Each program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years experience in prehospital care in the last five (5) years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:

- (1) Approval of all course content, including training objectives for the clinical and field instruction.
- (2) Approval of content of all written and skills examinations administered by the training program.
- (3) Approval of provision for hospital clinical and field internship experiences.
- (4) Approval of principal instructor(s).

(b) Each program shall have an approved course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:

- (1) Administration of the training program.
- (2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
- (3) Ensure training program compliance with this chapter and other related laws.
- (4) Sign all course completion records.

(c) Each program shall have a principal instructor(s), who may also be the program medical director or course director if the qualifications in subsections (a) and (b) are met, who shall:

- (1) Be a physician, registered nurse, physician assistant, or paramedic, currently licensed in the State of California.
- (2) Have two (2) years experience in advanced life support prehospital care within the last five (5) years.
- (3) Have six (6) years experience in an allied health field or related technology and an associate degree or, two (2) years experience in an allied health field or related technology and a baccalaureate degree.
- (4) Be responsible for areas including, but not limited to a, curriculum development, course coordination, and instruction.

(d) Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.

(e) Each program shall have a field preceptor(s) who shall:



- (1) Be a physician, registered nurse, physician assistant, or paramedic, currently licensed in the State of California; and
  - (2) Have two (2) years field experience in prehospital care within the last five (5) years.
  - (3) Be under the supervision of a principal instructor, the course director and/or the program medical director.
  - (4) Have completed field preceptor training approved by the local EMS agency and/or comply with the field preceptor guidelines approved by the local EMS agency. Training shall include a curriculum that will result in the preceptor being competent to evaluate the paramedic student during the internship phase of the training program.
  - (f) Each program shall have a hospital clinical preceptor(s) who shall:
    - (1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.
    - (2) Have two (2) years experience in emergency care within the last five (5) years.
    - (3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.
    - (4) Receive instruction in evaluating paramedic students in the clinical setting. Means of instruction may include, but need not be limited to, educational brochures, orientation, training programs, or training videos.
- NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

**100150. Didactic and Skills Laboratory.**

An approved paramedic training program shall assure that no more than six (6) students are assigned to one (1) instructor/teaching assistant during skills practice/laboratory.

NOTE: Authority cited: 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

**100151. Hospital Clinical Education and Training for Paramedic.**

- (a) An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the local EMS agency. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section 100159(a)(2).
- (b) Training programs in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.
- (c) Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one (1) preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the local EMS agency medical director and the director of EMS Authority, to result in competency. Clinical assignments shall include, but are not limited to: emergency, cardiac, surgical, obstetric, and pediatric patients.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

**100152. Field Internship.**

(a) A field internship shall provide emergency medical care experience supervised by an authorized field preceptor to result in the paramedic student being competent to provide the medical procedures, techniques, and medications specified in section 100145, in the prehospital emergency setting within an organized EMS system.

(b) An approved paramedic training program shall enter into a written agreement with a paramedic service provider(s) to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. If the paramedic service provider is located outside the jurisdiction of the paramedic training program approving authority, then the training program shall contact the local EMS agency where the paramedic service provider is located and report to that local EMS agency the name of the paramedic intern in their jurisdiction.

(c) All interns shall be continuously monitored by the training program, regardless of the location of the internship, as described in written agreements between the training program and the internship provider.

(d) No more than one paramedic trainee shall be assigned to a response vehicle at any one time during the field internship.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

**100153. Procedure for Program Approval.**

(a) Eligible training institutions shall submit a written request for program approval to the paramedic training program approving authority. A paramedic training program approving authority may deem a paramedic training program approved that has been accredited by the JRCMT-P, upon submission of proof of such accreditation, without requiring the paramedic training program to submit for review the information required in subsections (b) and (c) of this section.

(b) The paramedic training program approving authority shall receive and review the following prior to program approval:

(1) A statement verifying that the course content is equivalent to the U. S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum HS 900 089.

(2) A course outline if different from the outline specified in Section 100160 of this Chapter.

(3) Performance objectives for each skill.

(4) The name and qualifications of the training program course director, program medical director, and principal instructors.

(5) Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

(6) Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

(7) The location at which the courses are to be offered and their proposed dates.

(c) The paramedic training program approving authority shall review the following prior to program approval:

- (1) Samples of written and skills examinations administered by the training program for periodic testing.
- (2) A final written examination administered by the training program.
- (3) Evidence that the program provides adequate facilities, equipment, examination security, and student record keeping.

(d) The paramedic training program approving authority shall submit to the State EMS Authority an outline of program contents and eligibility on each paramedic training program being proposed for approval in order to 1797.173 of the Health and Safety Code. Upon request by the State EMS Authority, any or all materials submitted by the paramedic training program shall be submitted to the State EMS Authority.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

#### **100154. Paramedic Training Program Approval.**

(a) The paramedic training program approving authority shall, within fifteen (15) working days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing.

(b) Paramedic training program approval or disapproval shall be made in writing by the paramedic training program approving authority to the requesting training program after receipt of all required documentation. This time period shall not exceed three (3) months.

(c) The paramedic training program approving authority shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.

(d) Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in this chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code; and section 15376, Government Code.

#### **100155. Application of Regulations to Existing Paramedic Training Programs.**

(a) All paramedic training programs in operation prior to the April 13, 1999 revisions to these regulations shall submit evidence of compliance with this Chapter to the appropriate paramedic training program approving authority within six (6) months after the effective date of the revised regulations.

(b) Pursuant to the timelines specified in Section 100148(b) and (c) of these regulations, all approved paramedic training programs shall submit, to their respective paramedic training program approving authority and to the EMS Authority, evidence of application for or accreditation from the Joint Review Committee for Educational Programs for EMT-Paramedic.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Section 1797.172, Health and Safety Code.

#### **100156. Program Review and Reporting.**

- (a) All program materials specified in this Chapter shall be subject to periodic review by the EMT-P Approving Authority and may also be reviewed by the EMS Authority.
- (b) All programs shall be subject to periodic on-site evaluation by the EMT-P Approving Authority and may also be evaluated by the EMS Authority.
- (c) Any person or agency conducting a training program shall notify the EMT-P Approving Authority in writing, in advance when possible, and in all cases within thirty (30) days of any change in course content, hours of instruction, course director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

**100157. Withdrawal of Program Approval.**

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in suspension or revocation of program approval by the EMT-P Approving Authority. An approved EMT-P training program shall have no more than sixty (60) days from date of written notice to comply with this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.208 and 1798.202, Health and Safety Code.

**100158. Student Eligibility.**

- (a) To be eligible to enter an EMT-P training program an individual shall meet the following requirements:
  - (1) Possess a high school diploma or general education equivalent; and
  - (2) possess a current basic cardiac life support card according to the standards of the American Heart Association or American Red Cross or have possessed a valid card within the past twelve (12) months; and
  - (3) possess a current EMT-I A certificate or have possessed a valid EMT-I A certificate within the past twelve 12 months; or
  - (4) possess a current EMT-II certificate in the State of California or have possessed a valid EMT-II certificate within the past twelve (12) months.
- (b) EMT-P training programs that include the twenty-four (24) hour ambulance module and required testing as specified in Chapter 2 of this Division, within their training program, may allow an individual to enter their training program who:
  - (1) Possesses a current EMT-I NA certificate in the State of California or has possessed a valid EMT-I NA certificate in the State of California within the past twelve (12) months; and
  - (2) meets the requirements of subsections (a)(1) and (a)(2) of this Section.
- (c) EMT-P training programs that include the EMT-I A course content as specified in Chapter 2 of this Division, within their training program and required testing, may exempt applicants from provision (a)(3) of this Section.

(d) EMT-P training programs that include a basic cardiac life support course according to the standards of the American Heart Association or American Red Cross, within their program and required testing, may exempt applicants from provision (a)(2) of this Section.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

**100159. Required Course Hours.**

(a) The total training program shall consist of not less than 1032 hours. These training hours shall be divided into:

- (1) A minimum of 320 hours of didactic instruction and skills laboratories;
- (2) The hospital clinical training shall consist of no less than 160 hours and the field internship shall consist of no less than 480 hours.

(b) The student shall have a minimum of forty (40) advanced life support (ALS) patient contacts during the field internship as specified in Section 100152. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and basic cardiopulmonary resuscitation (CPR), on a patient.

(c) The minimum hours shall not include the following:

- (1) Course material designed to teach or test exclusively EMT-I knowledge or skills including CPR.
- (2) Examination for student eligibility.
- (3) The teaching of any material not prescribed in section 100160 of this Chapter.
- (4) Examination for paramedic licensure.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Section 1797.172, Health and Safety Code.

**100160. Required Course Content.**

The content of an EMT-P course shall include adequate instruction to result in the EMT-P being competent in the following topics and skills listed below:

- (a) Division 1: Prehospital Environment.
  - (1) Section 1: Roles and Responsibilities.
  - (2) Section 2: Emergency Medical Services Systems.
    - (A) Emergency Medical Services Systems.
      1. Recognition and access.
      2. Initiation of the emergency medical services response.
      3. Management of the scene.
        - a. Medical control.
        - b. Scene control.
      4. Transportation of emergency personnel, equipment, and the patient.
        - a. California Highway Patrol equipment mandate (requirements).
        - b. Determination of destination.

5. Overview of hospital categorization and designation.
  - a. Base hospital.
  - b. Critical care centers (e.g., Trauma Centers, Pediatric Centers).
  - c. Emergency facility - - comprehensive, basic, standby.
  - d. Receiving hospital.
6. Communications overview.
  - a. Radio.
  - b. Telemetry.
  - c. Telephone.
7. Recordkeeping and evaluation including data collection.
8. Multicasualty incidents and disasters.
9. Role and responsibility of the State and local EMS system management.
- (3) Section 3: Medical/Legal Considerations.
  - (A) Laws governing the EMT-P.
    1. Abandonment.
    2. Child abuse, elder abuse, and other laws that require reporting.
    3. Consent - - implied and informed.
    4. Good Samaritan Laws.
    5. Legal detention (Welfare and Institutions Code, Section 5150 and 5170).
    6. Local policies and procedures, to include pronouncing/determining death.
    7. Medical control.
    8. Medical practice acts affecting the EMT-Ps.
    9. Negligence.
  10. Overview of EMT-I, EMT-II, and EMT-P in California.
  11. Special procedures utilized for victims of suspected criminal acts, including preservation of evidence.
  12. The health professional at the scene.
  13. Written medical records.
- (B) Overview of issues concerning the health professional.
  1. Death and dying.
  2. Malpractice protection.
  3. Medical ethics and patient confidentiality.
  4. Safeguards against communicable diseases.
- (4) Section 4: Emergency Medical Services Communications.
  - (A) Emergency medical services communication system.
    1. Radio communication.
    2. System components.
    3. Telephone communication.
  - (B) Communication regulations and procedures.

1. Communication policies and procedures.
2. Radio troubleshooting.
3. Radio use.
4. Role of Federal Communications Commission (FCC).
- (C) Skills Protocols.
  1. Radio mechanics (operational skill).
- (5) Section 5: Extrication and Rescue.
  - (A) Extrication and rescue.
- (6) Section 6: Major Incident Response.
  - (A) Multicasualty disaster management, including Incident Command System.
    1. Local policies and protocols.
    2. Medical management.
    3. Triage, including START.
- (B) Hazardous materials. Principles of hazardous materials management, to include tear gas and radiation exposure and precautions.
- (7) Section 7: Stress Management.
- (b) Division 2: Preparatory Knowledge and Skills.
  - (1) Section 1: Medical Terminology.
    - (A) Medical terminology, including anatomical terms.
  - (2) Section 2: General Patient Assessment and Initial Management.
    - (A) Human systems.

Basics of anatomy and physiology to include:

      1. Body cavities.
      2. Cardiovascular (circulatory) system.
      3. Digestive system.
      4. Endocrine system.
      5. Genitourinary system.
      6. Homeostasis.
      7. Integumentary system.
      8. Muscular system.
      9. Nervous system.
      10. Respiratory system.
      11. Skeletal system.
      12. Surface anatomy.
      13. The cell - - basic structure and function.
      14. Tissues.
- (B) Patient assessment.
  1. Pertinent patient history.

2. Physical examination.
3. Prioritization of assessment and management.
4. Scene assessment.
- (C) Reporting format for presenting patient information.
- (D) Skills Protocols.

1. Diagnostic signs.
2. Patient assessment.
3. Reporting patient information.
- (3) Section 3: Airway and Ventilation.

(A) Airway management.

Assessment and prehospital management of the patient in respiratory distress emphasizing techniques listed under Skills Protocols.

(B) Skills protocols.

1. Basic airway adjuncts.
  - a. Bag/valve systems.
  - b. Demand valves.
  - c. Nasopharyngeal airways.
  - d. Oropharyngeal airways.
  - e. Oxygen administration devices.
  - f. Suctioning and portable suction equipment.
2. Chest auscultation.
3. Direct laryngoscopy and use of Magill forceps for removal of foreign body.
4. Endotracheal intubation (ET), to include drug administration and suctioning, and intubation of the chronic stoma.
5. Esophageal airway, including esophageal gastric tube airway (EGTA).

(4) Section 4: Pathophysiology of Shock.

(A) Fluids and electrolytes.

1. Acid-base balance.
2. Blood and its composition.
3. Body fluids and distribution.
4. Electrolytes.
5. Intravenous solutions.
6. Osmosis and diffusion.

(B) Assessment and management.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of shock to include:

1. Cardiogenic shock.
2. Distributive shock.
3. Hypovolemic shock.



4. Obstructive shock.

(C) Skills Protocols.

1. IV techniques:

- a. Peripheral IV insertion, to include sterile techniques and preparation of equipment (IV tubing, bottle, and bag).
- b. Withdrawal of blood samples by venipuncture.

2. Pneumatic antishock trousers, to include indications, contraindications, associated complications, and application/deflation procedure.

(5) Section 5: General Pharmacology.

(A) Introduction to pharmacology.

- 1. Classifications.
- 2. Factors which affect action, onset of action and duration.
- 3. General drug actions.
- 4. Home medications.
- 5. Routes of administration.
- 6. Terminology.

(B) Drug dosages.

- 1. Computing dosages.
- 2. Weights and measures, including review of the metric system.

(C) Autonomic nerves.

- 1. Parasympathetic.
- 2. Sympathetic, to include alpha/beta.

(D) Specific drugs.

Actions, classification, indications, contraindications, dosages, how supplied, interactions, side effects, complications, and preferred routes of administration of the drugs specified in Section 100144(b)(12) and (b)(13).

(E) Drug preparation and administration skills.

- 1. Addition of drugs to IV bottle, bag or volutrol and regulation rate of infusion.
- 2. Administration of drugs directly into a vein.
- 3. Administration of drugs through an endotracheal tube (as part of ET skill).
- 4. Administration of drugs through an IV tubing medication port.
- 5. Inhalation.
- 6. Intramuscular injections.
- 7. Oral.
- 8. Subcutaneous injections.
- 9. Sublingual (not for injection).
- 10. Sublingual injections.
- 11. Administration of drugs into pre-existing vascular access devices.

(c) Division 3: Trauma.

(1) Section 1: Soft tissue Injuries.

(A) Anatomy and physiology.

(B) Soft-tissue injuries.

Pathophysiology, specific patient assessment, mechanism of injury, associated complications, and the prehospital management of soft tissue injuries to include:

1. Eye injuries.
2. Head and neck injuries.
3. Wounds - - open and closed.

(C) Skills Protocols.

1. Bandaging.
2. Control of external hemorrhage.
3. Eye irrigation.
4. Immobilizing and removal of impaled objects.
5. Pneumatic antishock trousers.

(2) Section 2: Musculoskeletal Injuries.

(A) Anatomy and physiology.

(B) Musculoskeletal injuries.

Pathophysiology, specific patient assessment, mechanism of injury, associated complications, and the prehospital management of musculoskeletal injuries to include:

1. Fractures.
2. Dislocations.
3. Sprains and strains.

(C) Skills and protocols.

1. Pneumatic antishock trousers.
2. Rigid splint.
3. Sling and swathe.
4. Traction splint.

(3) Section 3: Chest Trauma.

(A) Pathophysiology, specific patient assessment, mechanism of injury, associated complications, and the prehospital management of chest trauma to include:

1. Hemothorax.
2. Impaled objects.
3. Myocardial and great vessel trauma.
4. Pneumothorax and tension pneumothorax.
5. Rib fractures and flail chest.

(B) Skills Protocols.

(4) Section 4: Abdominal Trauma.

Pathophysiology, specific patient assessment, mechanism of injury, associated complications, and the prehospital management of abdominal trauma, to include pelvic and genitourinary trauma.

(5) Section 5: Head and Spinal Cord Trauma.

(A) Pathophysiology, specified patient assessment, mechanism of injury, associated complications, and the prehospital management of head and spinal cord trauma.

(B) Skills Protocols.

1. Cervical immobilization.
2. Helmet removal.
3. Spinal immobilization.

(6) Section 6: Multisystem Injuries.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of the multisystem injured patient.

(7) Section 7: Burns

(A) Anatomy and physiology.

(B) Assessment and treatment.

(d) Division 4: Medical Emergencies.

(1) Section 1: Respiratory System.

(A) Anatomy and physiology of the respiratory system to include:

1. Composition of gases in the environment.
2. Exchange of gases in the lung.
3. Regulation of respiration.
4. Respiration patterns.

(B) Respiratory distress.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of respiratory distress, to include:

1. Asthma and chronic obstructive pulmonary disease.
2. Cerebral and brain stem dysfunction.
3. Dysfunction of spinal cord, nerves or respiratory muscles.
4. Hyperventilation syndrome.
5. Pneumonia.
6. Pulmonary embolism.
7. Spontaneous pneumothorax.
8. Upper airway obstruction.

(C) Acute pulmonary edema.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of acute pulmonary edema - - cardiac and noncardiac.

(D) Near drowning.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of near drowning.

(E) Toxic inhalations.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of toxic inhalations.

(2) Section 2: Cardiovascular System.

(A) Anatomy and physiology.

Anatomy and physiology of the cardiovascular system to include:

1. Cardiac conduction system.
2. Cardiac cycle.
3. Cardiac output and blood pressure.
4. Electromechanical system of the heart.
5. Nervous control.

(B) Introduction of electrocardiogram interpretation.

1. Components of the electrocardiogram record.
2. Electrophysiology.
3. Identifying normal sinus rhythm.

(C) Dysrhythmia recognition, to include prehospital management of the following:

1. Artifact.
2. Artificial pacemaker rhythms.
3. Atrial fibrillation.
4. Atrial flutter.
5. Cardiac standstill (asystole).
6. Electromechanical dissociation.
7. First degree atrioventricular block.
8. Idioventricular rhythm.
9. Junctional rhythm.
10. Premature atrial contractions.
11. Premature junctional contractions.
12. Premature ventricular contractions.
13. Second degree atrioventricular block.
14. Sinus arrhythmia.
15. Sinus bradycardia (with hypotension).
16. Sinus tachycardia.
17. Supraventricular tachycardia.
18. Third degree atrioventricular block.
19. Ventricular fibrillation.
20. Ventricular tachycardia.

(D) Cardiovascular disorders.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of cardiovascular disorders to include:

1. Aortic aneurysm.
2. Cardiogenic shock.
3. Congestive heart failure.
4. Coronary artery disease, angina, and acute myocardial infarction.
5. Hypertensive emergencies.

(E) Skills Protocols.

1. Advanced cardiac life support (ACLS) megacode modified for field situation.
2. Basic cardiac life support (BCLS).
3. Cardiac monitoring.
4. Defibrillation and synchronized cardioversion.
5. Dysrhythmia recognition of the rhythms listed in subsection (2)(C).
6. Vagal maneuvers, specifically, valsalva maneuvers.

(3) Section 3: Endocrine Emergencies.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of endocrine emergencies not included in other sections to include diabetic emergencies, including diabetic ketoacidosis and hypoglycemic reactions.

(4) Section 4: Nervous System.

(A) Anatomy and physiology of the nervous system to include:

1. Autonomic nerves.
2. Brain and spinal cord.
3. Peripheral nerves.

(B) Nervous system disorders.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of nontraumatic altered levels of consciousness and other central nervous system (CNS) disorders to include:

1. Coma.
2. Seizures.
3. Stroke.
4. Syncope.
5. Other causes.

(5) Section 5: Acute Abdomen, Genitourinary, and Reproductive Systems. Nontraumatic acute abdomen.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of the nontraumatic acute abdomen, to include gastrointestinal bleeding and emergencies of the genitourinary and reproductive systems.

(6) Section 6: Anaphylaxis.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of allergic reactions to anaphylaxis.

(7) Section 7: Toxicology, Alcoholism, and Drug Abuse.

(A) Toxicology, and poisoning.

(B) Alcoholism and drug abuse.

(8) Section 8: Infectious Diseases.

Communicable diseases. Understanding of communicable diseases to include transmission and special precautions.

(9) Section 9: Environmental Injuries.

(A) Environmental emergencies.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of environmental emergencies to include:

1. Atmospheric pressure related emergencies to include:
  - a. Compressed air diving injuries and illnesses.
  - b. Mountain sickness and other high altitude syndromes.
2. Lightning and other electrical injuries.
3. Poisonous and nonpoisonous bites and stings.
4. The atmospheric and thermal environment and the physiology of temperature regulations.
  - a. Cold exposure.
  - b. Heat exposure.
5. Thermal injuries and illnesses.

(B) Skills Protocols.

1. Application of constricting bands.
2. Snake bite kit.

(10) Section 10: Pediatrics

(A) Special considerations in relationship to illness and injury to include:

1. Approach to parents.
2. Approach to pediatric patient.
3. Growth and development.

(B) Pediatric emergencies.

Specific patient assessment, and the prehospital management of emergencies especially related to the pediatric age group to include:

1. Cardiopulmonary arrest, to include advanced cardiac life support protocols.
2. Child abuse/neglect, including preservation of evidence.
3. Medical emergencies to include:
  - a. Altered level of consciousness, including coma.
  - b. Common communicable diseases (childhood illnesses).
  - c. Meningitis.
  - d. Seizures.
4. Near drowning.
5. Poisoning.
6. Respiratory distress.
  - a. Allergic reactions/anaphylaxis.

- b. Asthma/bronchitis.
- c. Epiglottitis.
- d. Foreign body aspiration.
- e. Pneumonia.
- f. Tracheobronchitis (croup).
- 7. Sudden infant death syndrome as mandated by Chapter 1111, Statutes of 1989.
- 8. Trauma, including shock.

(C) Skills Protocols.

- 1. Airway adjuncts utilized for neonates, infants, and children.
- 2. Child resuscitation.
- 3. Cooling measures.
- 4. Infant resuscitation.
- 5. Intravenous techniques utilized for neonates, infants, and children.

(e) Division 5: Obstetrical, Gynecological, Neonatal Emergencies.

- (1) Anatomy and physiology of the female reproductive system.
- (2) Normal childbirth. The stages of labor and normal delivery, including assessment and management.
- (3) Obstetrical emergencies.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of obstetric emergencies to include:

- (A) Abnormal fetal presentation.
- (B) Abortion.
- (C) Abruption placenta.
- (D) Breech birth.
- (E) Failure to progress.
- (F) Multiple birth.
- (G) Placenta previa.
- (H) Post partum hemorrhage.
- (I) Premature birth.
- (J) Prolapsed cord.
- (K) Ruptured ectopic pregnancy.
- (L) Supine hypotension syndrome.
- (M) Toxemia of pregnancy.
- (4) Gynecological emergencies.

Pathophysiology, specific patient assessment, associated complications, and the prehospital management of gynecologic emergencies to include:

- (A) Pelvic inflammatory disease.
- (B) Ruptured ovarian cyst.
- (C) Vaginal bleeding.

(5) The neonate.

Specific patient assessment, and the prehospital management of the neonate to include:

(A) APGAR scoring.

(B) Resuscitation.

(C) Temperature regulation.

(6) Skills Protocols.

(A) Assisting with breech delivery.

(B) Assisting with normal deliveries, to include care of the newborn.

(C) Management of the prolapsed cord.

(D) Neonatal resuscitation.

(f) Division 6: Special Patient Problems.

(1) Section 1: Prehospital Care of Patients Experiencing Behavioral Emergencies.

(A) Behavioral responses. Behavioral responses to illness, injury, death, and dying by:

1. Bystanders.

2. EMT-Ps

3. Family.

4. Friends.

5. Other responders.

6. Patients.

(B) Behavioral emergencies.

Specific patient assessment, associated complications, and the prehospital management of behavioral emergencies to include:

1. Emotional crisis.

2. Substance abuse.

3. Victims of assault, to include sexual assault.

(C) Use of community resources.

(D) Skills Protocols.

1. Application of restraints.

2. Management of difficult patient situations.

(2) Section 2: Assault Victims.

Special considerations for the victims of assault to include sexual assault.

(3) Section 3: Geriatric Patients.

Special considerations for the geriatric patient.

(4) Section 4: Disabled Patients.

Special considerations for the disabled patient.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.185 and 1797.213, Health and Safety Code.



**100161. Required Testing.**

(a) An approved paramedic training program shall include periodic examinations and final comprehensive competency-based examinations to test the knowledge and skills specified in this Chapter.

(b) Successful performance in the clinical and field setting shall be required prior to course completion.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.185, 1797.208, 1797.210 and 1797.213, Health and Safety Code.

**100162. Course Completion Record.**

(a) An approved paramedic training program shall issue a course completion record to each person who has successfully completed the training program.

(b) The course completion record shall contain the following:

(1) The name of the individual.

(2) The date of completion.

(3) The following statement: "The individual named on this record has successfully completed an approved paramedic training program."

(4) The name of the paramedic training program approving authority.

(5) The signature of the course director.

(6) The name and location of the training program issuing the record.

(7) The following statement in bold print: **"This is not a paramedic license."**

(8) A list of optional procedures approved pursuant to subsection (c) (2)(A)-(D) of Section 100145 and taught in the course.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Section 1797.172, Health and Safety Code.

**Article 4. Applications and Examinations**

**100163. Date and Filing of Applications.**

(a) The EMS Authority shall notify the applicant within thirty (30) days of receipt of the state application that the application was received and shall specify what information, if any, is missing. The types of applications which may be required to be submitted by the applicant are as follows:

(1) Application for Initial License, Form L-01, dated 4/99.

(2) Application for License Renewal, Form RL-01, dated 4/99.

(3) Application for License of Out of State Candidates who are registered with the National Registry of Emergency Medical Technicians, Form L-01A, dated 4/99.

(4) Applicant fingerprint card, BID-7 dated 5/90, for a state summary criminal history provided by the Department of Justice in accordance with the provisions of section 11105 et seq. of the Penal Code.

(5) Application for Duplicate License, Form D-01, dated 12/93.

(b) Applications for renewal of license shall be received by the EMS Authority at least thirty (30) calendar days prior to expiration of current license.

(c) Eligible out-of-state applicants defined in section 100165(b) and eligible applicants defined in section 100165(c) of this Chapter who have applied to challenge the paramedic licensure process shall be notified by the EMS Authority within forty-five (45) working days of receiving the application. Notification shall advise the applicant that the application has been received, and shall specify what information, if any, is missing.

(d) An application shall be denied without prejudice when an applicant does not complete the application, furnish additional information or documents requested by the EMS Authority or fails to pay any required fees. An applicant shall be deemed to have abandoned an application if the applicant does not complete the requirements for licensure within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

(e) A complete state application is a signed application that provides the requested information and is accompanied by the appropriate application fee(s). All statements submitted by or on behalf of an applicant shall be made under penalty of perjury.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Section 1797.172, Health and Safety Code.

#### **100164. Written and Skills Examination.**

(a) The written examination as defined in section 100141 shall test the applicant's knowledge and competency in the subject areas comprising the basic scope of practice as specified in section 100145.

(b) The skills examination as defined in section 100140 shall test the applicants' competency in the ability to perform those skills specified in section 100145.

(c) Candidates shall comply with the procedures for examination established by the EMS Authority and shall not violate or breach the security of the examination. Candidates found to have violated the security of the examination or examination process as specified in section 1798.207 of the Health and Safety Code, shall be subject to the penalties specified therein.

(3) Application for License of Out of State Candidates who are

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.174 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.185, 1797.214 and 1798.207, Health and Safety Code.

### **Article 5. Licensure**

#### **100165. Licensure.**

(a) In order to be eligible for licensure an individual shall meet the following requirements.

(1) Have a paramedic course completion record or other documented proof of successful completion of an approved paramedic training program.

(2) Complete and submit the appropriate state application forms as specified in section 100163(a)(1) or (a)(3), and (a)(4).

- (3) Provide documentation of successful completion of the paramedic licensure written and skills examinations specified in section 100164.
  - (4) Pay the established fee pursuant to section 100177.
  - (b) An individual who possesses a current paramedic certificate issued by the National Registry of Emergency Medical Technicians, shall be eligible for licensure when that individual fulfills the requirements of subsection (a)(2) and (4) of this section and successfully completes a field internship as defined in section 100152.
  - (c) A physician, registered nurse or physician assistant currently licensed shall be eligible for paramedic licensure upon:
    - (1) providing documentation of instruction in topics and skills equivalent to those listed in section 100160;
    - (2) successfully completing a field internship as defined in sections 100152 (a) and 100159(b); and,
    - (3) fulfilling the requirements of subsection (a)(2) through (a)(4) of this section.
  - (d) All documentation submitted in a language other than English shall be accompanied by a translation into English certified by a translator who is in the business of providing certified translations and who shall attest to the accuracy of such translation under penalty of perjury.
  - (e) The Authority shall issue within forty-five (45) calendar days of receipt of complete application as specified in section 100163(e) a wallet-sized license to eligible individuals who apply for a license and successfully complete the licensure requirements.
  - (f) The effective date of the initial license shall be the day the license is issued. The license shall be valid for two (2) years from the last day of the month in which it was issued.
  - (g) The paramedic shall be responsible for notifying the EMS Authority of her/his proper and current mailing address and shall notify the EMS Authority in writing within thirty (30) calendar days of any and all changes of the mailing address, giving both the old and the new address, and paramedic license number.
  - (h) A paramedic may request a duplicate license if the individual submits an Application for Duplicate License, as specified in section 100163 (a) (5) certifying to the loss or destruction of the original license, or the individual has changed his/her name. The duplicate license shall bear the same number and date of expiration as the-replaced license.
  - (i) An individual currently licensed as a paramedic by the provision of this section is deemed to be certified as an EMT-I and an EMT-II with no further testing required. If certificates are issued, the expiration date of the EMT-I or EMT-II certification shall be the same expiration date as the paramedic license, unless the individual follows the EMT-I, or EMT-II certification/recertification process as specified in Chapters 2 and 3 of this Division.
- NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.177, 1797.185, and 1797.194, Health and Safety Code and section 15376, Government Code.

**100166. Accreditation to Practice.**

- (a) In order to be accredited an individual shall:
  - (1) Possess a current California paramedic license.
  - (2) Apply to the local EMS agency for accreditation.
  - (3) Successfully complete an orientation of the local EMS system as prescribed by the local EMS agency which shall include policies and procedures, treatment protocols, radio communications, hospital/facility destination policies, and

other unique system features. The orientation shall not exceed eight (8) classroom hours and shall not include any further testing of the paramedic basic scope of practice. Testing shall be limited to local policies and treatment protocols provided in the orientation.

(4) Successfully complete training in any local optional scope of practice for which the paramedic has not been trained and tested.

(5) Pay the established local fee pursuant to section 100177.

(b) If the local EMS agency requires a supervised field evaluation as part of the local accreditation process, the field evaluation shall consist of no more than ten (10) ALS patient contacts. The field evaluation shall only be used to determine if the paramedic is knowledgeable to begin functioning under the local policies and procedures.

(1) The paramedic accreditation applicant may practice in the basic scope of practice as a second paramedic until s/he is accredited.

(2) The paramedic accreditation applicant may only perform the local optional scope of practice while in the presence of the field evaluator who is ultimately responsible for patient care.

(c) The local EMS agency medical director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the paramedic's competency to practice is questionable, then the medical director shall notify the EMS Authority.

(d) If the paramedic accreditation applicant does not complete accreditation requirements within thirty (30) calendar days, then the applicant may be required to complete a new application and pay a new fee to begin another thirty (30) day period.

(e) A local EMS agency may limit the number of times that a paramedic applies for initial accreditation to no more than three (3) times per year.

(f) The local EMS agency shall notify the individual applying for accreditation of the decision whether or not to grant accreditation within thirty (30) calendar days of submission of a complete application.

(g) Accreditation to practice shall be continuous as long as licensure is maintained and the paramedic continues to meet local requirements for updates in local policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide CQI program pursuant to section 100172.

(h) An application and fee may only be required once for ongoing accreditation. An application and fee can only be required to renew accreditation when an accreditation has lapsed.

(i) The medical director of the local EMS agency may suspend or revoke accreditation if the paramedic does not maintain current licensure or meet local accreditation requirements and the following requirements are met:

(1) The paramedic has been granted due process in accordance with local policies and procedures.

(2) The local policies and procedures provide a process for appeal or reconsideration.

(j) The local EMS agency shall submit to the EMS Authority the names and dates of accreditation for those individuals it accredits within twenty (20) working days of accreditation.

(k) During an interfacility transfer, a paramedic may utilize the scope of practice for which s/he is trained and in accredited.

(l) During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.185 and 1797.192, Health and Safety Code.

Reference: Sections 1797.7, 1797.172, 1797.185 and 1797.214, Health and Safety Code.

## **Article 6. Continuing Education**

### **100167. Continuing Education.**

(a) In order to maintain a valid license, a paramedic shall obtain at least forty-eight (48) hours of continuing education (CE) every two (2) years from an approved CE provider.

(b) Only courses, classes, or experiences that are directly or indirectly related to patient care and are structured with learning objectives and an evaluation component are allowed for credit toward license renewal. This may include, but may not be limited to:

(1) Periodic training sessions or structured clinical experience in knowledge and skills to include advanced airway management and cardiac resuscitation;

(2) Organized field care audits of patient care records;

(3) Courses in physical, social or behavioral sciences (e.g. anatomy, pathophysiology, sociology, psychology);

(4) Courses or training relating to direct prehospital emergency medical care, including medical treatment and/or management of specific patients (e. g. burn care, assessment, Advanced Cardiac Life Support, Basic Trauma Life Support, orientation programs with patient care contact);

(5) Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual, not to exceed eight (8) hours in a licensure cycle.

(6) Courses or training relating to indirect patient care or medical operations (e. g. continuous quality improvement, cultural diversity, grief support, critical incident stress debriefing, medical management of hazardous materials, emergency vehicle operations, dispatch or rescue techniques), not to exceed eight (8) hours in a licensure cycle;

(7) Advanced topics in subject matter outside the scope of practice of the paramedic but directly relevant to emergency medical care (e. g. surgical airway procedures), not to exceed eight (8) hours in a licensure cycle;

(8) Media based and/or serial productions (e.g. films, videos, audiotape programs, magazine article offered for CE credit, home study, computer simulations or interactive computer modules), not to exceed eight (8) hours in a licensure cycle.

(9) Precepting paramedic students, not to exceed eight (8) hours in a licensure cycle.

(c) To satisfy the CE requirements, an individual may receive credit for taking the same CE course no more than two times during a single licensure cycle.

(d) During a single licensure cycle, a maximum of eight (8) hours shall be credited to an individual for service as an instructor for an approved CE course or an approved EMT course.

(e) Local EMS agencies may not require additional continuing education hours for accreditation.

NOTE: Authority cited: Sections 1797.107, 1797.175 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.175, 1797.185, and 1797.214, Health and Safety Code.

**100168. Paramedic Continuing Education (CE) Records.**

(a) In order for CE to satisfy the requirements for license renewal, CE shall be completed during the current licensure cycle and shall be submitted to the EMS Authority on the Paramedic Statement of Continuing Education, Form CE-01 dated 4/99, with the application for license renewal.

(b) A paramedic shall maintain CE certificates issued by a CE provider for four (4) years.

(c) CE certificates may be audited for cause by the EMS Authority or as part of the Authority's continuing education verification process.

(d) In the case of a lapsed license, only CE completed within the last twenty-four (24) months prior to application for lapsed license renewal shall be allowed for credit toward license renewal.

NOTE: Authority cited: Sections 1797.107, 1797.175 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.175, 1797.185, and 1797.214, Health and Safety Code.

**100169. Approval/Disapproval of Continuing Education (CE) Providers for Prehospital Personnel.**

(a) The local EMS agency shall be the agency for approving paramedic CE providers whose headquarters are within the geographical jurisdiction of that local EMS agency and may also serve as a CE provider.

(b) The EMS Authority shall be the approving agency for CE providers whose headquarters are out-of-state and for statewide public safety agencies. CE courses approved for EMS personnel by EMS offices of other states or by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) are deemed approved courses for meeting CE requirements without any further approval by the EMS Authority or local EMS agencies.

(c) In order to be an approved CE provider, an organization or individual shall submit an application packet for approval to the appropriate approving agency, along with the fees specified by that agency. The fee for the EMS Authority is specified in section 100177(b)(8). The application packet shall include, but may not be limited to,

(1) Name and address of the applicant;

(2) Name of the program director, program clinical director, and contact person, if other than the program director or clinical director;

(3) The type of entity or organization requesting approval; and,

(4) The resumes of the program director and the clinical director.

(d) The CE approving agency shall, within fourteen (14) working days of receiving a request for approval, notify the CE provider that the request has been received, and shall specify what information, if any, is missing.

(e) The CE approving agency shall approve or disapprove the CE request within sixty (60) calendar days of receipt of the completed request.

(f) The CE approving agency shall issue a paramedic CE provider number according to the standardized sequence developed by the EMS Authority.

(g) The CE approving agency may approve CE providers for up to four (4) years, and may monitor the compliance of CE providers to the standards established by the CE approving agency.

(h) The CE approving agency may, for cause, disapprove an application for approval, revoke the approval, or, place the CE provider on probation, if the approving agency determines:

- (1) that the applicant/CE provider violated or attempted to violate the provisions of this Article; or
  - (2) that the applicant/CE provider failed to correct identified deficiencies, specified by the approving agency, within a reasonable length of time after receiving written warning notice.
  - (i) The approving agency may take action specified above in (h) when a written notice, specifying the reason for disapproval, revocation or probation has been sent to the applicant/CE provider.
  - (1) If a CE provider is placed on probation, a corrective action plan shall be developed by the approving agency and shall be agreed to by the CE provider.
  - (2) If CE provider status is revoked, approval for CE credit shall be withdrawn for all CE programs scheduled after the date of action.
  - (j) The CE approving agency shall notify the EMS Authority of each CE provider approved, disapproved or revoked within its jurisdiction within thirty (30) calendar days of action.
  - (k) The EMS Authority shall maintain a list of all approved, disapproved, or revoked CE providers and shall make the listing available to local EMS agencies on a quarterly basis.
- NOTE: Authority cited: Sections 1797.107, 1797.175 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.175, 1797.185, and 1797.214, Health and Safety Code; and section 15376, Government Code.

**100170. Continuing Education (CE) Providers for Prehospital Personnel.**

In order to be approved as a provider of continuing education, the provisions in this section shall be met.

- (a) The applicant shall submit an application packet as specified in section 100169(c) and any required fees to the approving agency at least sixty (60) calendar days prior to the date of the first educational activity.
- (b) An approved CE provider shall ensure that:
  - (1) The content of all CE is relevant, designed to enhance the practice of prehospital emergency medical care, and related to the knowledge base or technical skills required for the practice of emergency medical care.
  - (2) Records shall be maintained for four (4) years and shall contain the following:
    - (A) Complete outlines for each course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance;
    - (B ) Record of time, place, date each course is given and the number of CE hours granted;
    - (C) A curriculum vitae or resume for each instructor;
    - (D) A roster signed by course participants to include name and license number of the paramedic taking any approved course and a record of any certificates issued.
- (c) The CE approving agency shall be notified within thirty (30) calendar days of any change in name, address, telephone number, program director, clinical director or contact person, if the contact person is not the program director or clinical coordinator.
- (d) All records shall be made available to the CE approving agency upon request. A CE provider shall be subject to scheduled site visits by the approving agency.
- (e) Individual classes/courses shall be open for scheduled or unscheduled visits by the CE approving agency and/or the local EMS agency in whose jurisdiction the course is given.

(f) Each CE provider shall provide for the functions of administrative direction, medical quality coordination and actual program instruction through the designation of a program director, a clinical director and instructors. Nothing in this section precludes the same individual from being responsible for more than one of these functions.

(g) Each CE provider shall have an approved program director who is qualified by education and experience in methods, materials and evaluation of instruction. Program director qualifications shall be documented by one of the following:

(1) California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B" or the National Fire Academy (NFA) "Fire Service Instructional Methodology" course or equivalent; or

(2) Sixty (60) hours in "Techniques of Teaching" courses or four (4) semester units of upper division credit in educational materials, methods and curriculum development or equivalent from a college or university.

(3) Individuals with equivalent experience may be provisionally approved for up to two years by the approving agency pending completion of the above specified requirements. Individuals with equivalent experience who teach in geographic areas where training resources are limited and who do not meet the above program director requirements may be approved upon review of experience and demonstration of capabilities.

(h) The duties of the program director shall include, but not be limited to:

(1) Administering the CE program and ensuring adherence to state regulations and established local policies.

(2) Approving course content including instructional objectives and assigning course hours to any CE program which the CE provider sponsors; approving all methods of evaluation, coordinating all clinical and field activities approved for CE credit; approving the instructor(s) and signing all course completion records and maintaining those records in a manner consistent with these guidelines. The responsibility for signing course completion records may be delegated to the course instructor.

(i) Each CE provider shall have an approved clinical director who is currently licensed as a physician, registered nurse, physician assistant, or paramedic. In addition, the clinical director shall have had two years of academic, administrative or clinical experience in emergency medicine or prehospital care within the last five (5) years. The duties of the clinical director shall include, but not be limited to, monitoring all clinical and field activities approved for CE credit, approving the instructor(s), and monitoring the overall quality of the prehospital content of the program.

(j) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course or activity.

(k) Continuing education credit shall be assigned on the following basis:

(1) One continuing education hour (CEH) is awarded for every fifty (50) minutes of approved content.

(2) Courses or activities less than one (1) CEH in duration will not be approved.

(3) For courses greater than one (1) CEH, credit may be granted in no less than half hour increments.

(4) Each hour of structured clinical experience shall be accepted as one (1) CEH.



- (5) One academic quarter unit shall equal ten (10) CEHs.
- (6) One academic semester unit shall equal fifteen (15) CEHs.
- (l) Each CE provider shall maintain for four (4) years:
  - (1) Records on each course including, but not limited to, course title, course objectives, course outlines, qualification of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
  - (2) Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of program, number of participants and method of presentation.
- (m) Providers shall issue to the participant a tamper resistant document or certificate of proof of successful completion of a course within thirty (30) calendar days. The certificate or documentation of successful completion must contain the name of participant, license number, course title, CE provider name and address, date of course, and signature of program director or course instructor. In addition, the following statements shall be printed on the certificate of completion with the appropriate information filled in:

"This course has been approved for (**number**) Hours of Continuing Education by an approved California EMS CE Provider "

"This documentation must be retained for a period of four (4) years"

"California EMS CE Provider # \_\_\_\_\_ - \_\_\_\_\_"

- (n) Information disseminated by CE providers publicizing CE must include at a minimum the following:
  - (1) provider's policy on refunds in cases of nonattendance by the registrant or cancellation by provider, if applicable;
  - (2) a clear, concise description of the course content, objectives and the intended target audience (e.g. paramedic, EMT-II, EMT-I, First Responder or all);
  - (3) provider name, as officially on file with the approving agency; and
  - (4) specification of the number of CE hours to be granted. Copies of all advertisements disseminated to the public shall be sent to the approving agency and the local EMS agency in whose jurisdiction the course is presented prior to the beginning of the course/class. However, the approving agency or the local EMS agency may request that copies of the advertisements not be sent to them.
- (o) When two or more CE providers co-sponsor a course, only one approved provider number will be used for that course, and that CE provider assumes the responsibility for all applicable provisions.
- (p) An approved CE provider may sponsor an organization or individual that wishes to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course/activity complies with the minimum requirements.
- (q) It is the responsibility of the CE provider to submit an application for renewal at least sixty (60) calendar days before the expiration date in order to maintain continuous approval.
- (r) All CE provider requirements must be met and maintained for renewal.

NOTE: Authority cited: Sections 1797.107, 1797.175, 1797.185 and 1797.194, Health and Safety Code.

Reference: Sections 1797.7, 1797.172, 1797.175, 1797.185, 1797.194 and 1797.214, Health and Safety Code.

## **Article 7. License Renewal**

### **100171. License Renewal**

(a) In order to be eligible for renewal of a paramedic license, an individual shall comply with the following requirements:

- (1) Possess a current paramedic license issued in California.
- (2) Complete all continuing education requirements pursuant to section 100167.
- (3) Complete and submit state application for license renewal, Form RL-01, dated 4/99 and Paramedic Statement of Continuing Education, Form CE-01, dated 4/99, which are sent by the EMS Authority to the applicant for license renewal approximately four (4) months prior to the expiration date of the license.

(b) In order for an individual whose license has lapsed to be eligible for license renewal, the following requirements shall apply:

- (1) For a lapse of less than six (6) months, the individual shall comply with (a) (2) and (3) of this section.
- (2) For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with (a) (2) and (3) of this section, and complete an additional twelve (12) hours of CE, for a total of sixty (60) hours.
- (3) For a lapse of twelve months or more, but less than twenty-four (24) months, the individual shall pass the licensure examination specified in Section 100165(a)(3), comply with (a) (2) and (3) of this section, submit an applicant fingerprint card, BID-7 dated 5/90, for a state summary criminal history provided by the Department of Justice in accordance with the provisions of Section 11105 et seq. of the Penal Code, and complete an additional twenty-four (24) hours of CE, for a total of seventy-two (72) hours.
- (4) For a lapse of twenty-four (24) months or more, the individual shall comply with (a)(2) and (3) and (b)(3) of this section and submit an applicant fingerprint card, BID-7 dated 5/90, for a state summary criminal history provided by the Department of Justice in accordance with the provisions of Section 11105 et seq. of the Penal Code.

Documentation of the seventy-two (72) hours of CE shall include completion of the following courses, or their equivalent:

- (A) Advanced Cardiac Life Support,
- (B) Pediatric Advanced Life Support,
- (C) Prehospital Trauma Life Support or Basic Trauma Life Support,
- (D) cardiopulmonary resuscitation.

(c) Renewal of a license shall be for two (2) years. If the renewal requirements are met within six (6) months prior to the expiration date of the current license, the effective date of licensure shall be the first day after the expiration of the current license. This applies only to individuals who have not had a lapse in licensure.

(d) For individuals whose license has lapsed, the licensure cycle shall be for two (2) years from the last day of the month in which all licensure requirements are completed and the license was issued.

(e) The EMS Authority shall notify the applicant for license renewal within fifteen (15) working days of receiving the information, that the information has been received and shall specify what information, if any, is missing.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.185, 1797.194 and 1797.210, Health and Safety Code.

## **Article 8. System Requirements**

### **100172. Continuous Quality Improvement Program.**

(a) The local EMS agency shall establish a system-wide continuous quality improvement program as defined in Section 100136 of this Chapter.

(b) Each paramedic service provider, as defined in Section 100173, and each paramedic base hospital, as defined in Section 100174, of this Chapter, shall have a CQI program approved by the local EMS agency.

(c) If, through the CQI program, the employer or medical director of the local EMS agency determines that a paramedic needs additional training, observation or testing, the employer and the medical director may create a specific and targeted program of remediation based upon the identified need of the paramedic. If there is disagreement between the employer and the medical director, the decision of the medical director shall prevail.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.174, 1797.176, 1797.185 and 1798, Health and Safety Code. Reference: Sections 1797.107, 1797.172, 1797.176, 1797.185, 1797.200, 1797.202, 1797.204, 1797.206, 1797.208 and 1797.220, Health and Safety Code.

### **100173. Paramedic Service Provider.**

(a) A local EMS agency with an advanced life support system shall establish policies and procedures for the approval, designation, and evaluation through its continuous quality improvement program, of all paramedic service provider(s).

(b) An approved service provider shall:

(1) Provide emergency medical service response on a continuous twenty-four (24) hours per day basis, unless otherwise specified by the local EMS agency, in which case there shall be adequate justification for the exemption (e.g., lifeguards, ski patrol personnel, etc.).

(2) Utilize and maintain telecommunications as specified by the local EMS agency.

(3) Maintain a drug and solution inventory as specified by the local EMS agency of equipment and supplies commensurate with the basic and local optional scope of practice of the paramedic.

(4) Have a written agreement with the local EMS agency to participate in the EMS system and to comply with all applicable State regulations and local policies and procedures, including participation in the local EMS agency's continuous quality improvement program as specified in section 100172.

(5) Be responsible for assessing the current knowledge of their paramedics in local policies, procedures and protocols and for assessing their paramedics' skills competency.

(c) No paramedic service provider shall advertise itself as providing paramedic services unless it does, in fact, routinely provide these services on a continuous twenty-four (24) hours per day basis and meets the requirements of subsection (b) of this section.

(d) No responding unit shall advertise itself as providing paramedic services unless it does, in fact, provide these services and meets the requirements of subsection (b) of this section.

(e) The local EMS agency may deny, suspend, or revoke the approval of a paramedic service provider for failure to comply with applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1798, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.180, 1797.204 and 1797.218, Health and Safety Code.

#### **100174. Paramedic Base Hospital.**

(a) A local EMS agency with an advanced life support system shall designate a paramedic base hospital(s) or alternative base station to provide medical direction and supervision of paramedic personnel.

(b) A designated paramedic base hospital shall:

(1) Be licensed by the State Department of Health Services as a general acute care hospital, or, for an out of state general acute care hospital, meet the relevant requirements for that license and the requirements of this section where applicable, as determined by the local EMS agency which is utilizing the hospital in the local EMS system.

(2) Be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

(3) Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of Division 5, or have been granted approval by the Authority for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the Health and Safety Code.

(4) Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the local EMS agency, capable of direct two-way voice communication with the paramedic field units assigned to the hospital.

(5) Have a written agreement with the local EMS agency indicating the concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified in this Chapter and by the local EMS agency's policies and procedures.

(6) Have a physician licensed in the State of California, experienced in emergency medical care, assigned to the emergency department, available at all times to provide immediate medical direction to the mobile intensive care nurse or paramedic personnel. This physician shall have experience in and knowledge of base hospital radio operations and local EMS agency policies, procedures, and protocols.

(7) Assure that nurses giving medical direction to paramedic personnel are trained and authorized as mobile intensive care nurses by the medical director of the local EMS agency.

(8) Designate a paramedic base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the medical director of the local EMS agency when the medical director determines that an individual with these qualifications is not available. This physician shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital radio operations and local EMS agency policies and procedures, and shall be responsible for functions of the base hospital including quality improvement as designated by the medical director of the local EMS agency.

- (9) Identify a mobile intensive care nurse, if utilized by the local EMS system, with experience in and knowledge of base hospital radio operations and local EMS agency policies and procedures as a prehospital liaison to assist the base hospital medical director in the medical direction and supervision of the paramedics.
- (10) Ensure that a mechanism exists for replacing medical supplies and equipment used by paramedics during treatment of patients, according to policies and procedures established by the local EMS agency.
- (11) Ensure that a mechanism exists for the initial supply and replacement of narcotics and other controlled substances used by paramedics during treatment of patients according to the policies and procedures of the local EMS agency.
- (12) Provide for continuing education in accordance with the policies and procedures of the local EMS agency.
- (13) Agree to participate in the local EMS agency's continuous quality improvement program which may include making available all relevant records for program monitoring and evaluation.

(c) If no qualified base hospital is available to provide medical direction, the medical director of the local EMS agency may approve an alternative base station pursuant to Health and Safety Code Section 1798.105.

(d) The local EMS agency may deny, suspend, or revoke the approval of a base hospital or alternative base station for failure to comply with any applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference: Sections 1797.56, 1797.58, 1797.59, 1797.172, 1797.178, 1798, 1798.2, 1798.100, 1798.101, 1798.102 and 1798.104, Health and Safety Code.

#### **100175. Medical Control.**

The medical director of the local EMS agency shall establish and maintain medical control in the following manner:

- (a) Prospectively, by assuring the development of written medical policies and procedures, to include at a minimum:
  - (1) Treatment protocols that encompass the paramedic scope of practice.
  - (2) Local medical control policies and procedures as they pertain to the paramedic base hospitals, alternative base stations, paramedic service providers, paramedic personnel, patient destination, and the local EMS agency.
  - (3) Criteria for initiating specified emergency treatments on standing orders or for use in the event of communication failure that are consistent with this Chapter.
  - (4) Criteria for initiating specified emergency treatments, prior to voice contact, that are consistent with this Chapter.
  - (5) Requirements to be followed when it is determined that the patient will not require transport to the hospital by ambulance or when the patient refuses transport.
  - (6) Requirements for the initiation, completion, review, evaluation, and retention of a patient care record as specified in this Chapter. These requirements shall address but not be limited to:
    - (A) Initiation of a record for every patient response.
    - (B) Responsibilities for record completion.
    - (C) Record distribution to include local EMS agency, receiving hospital, paramedic base hospital, alternative base station, and paramedic service provider.
    - (D) Responsibilities for record review and evaluation.
    - (E) Responsibilities for record retention.

- (b) Establish policies which provide for direct voice communication between a paramedic and a base hospital physician or mobile intensive care nurse, as needed.
- (c) Retrospectively, by providing for organized evaluation and continuing education for paramedic personnel. This shall include, but not be limited to:
  - (1) Review by a base hospital physician or mobile intensive care nurse of the appropriateness and adequacy of paramedic procedures initiated and decisions regarding transport.
  - (2) Maintenance of records of communications between the service provider(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and continuing education of the paramedic.
  - (3) Organized field care audit(s).
  - (4) Organized opportunities for continuing education including maintenance and proficiency of skills as specified in this Chapter.
- (d) In circumstances where use of a base hospital as defined in Section 100174 is precluded, alternative arrangements for complying with the requirements of this Section may be instituted by the medical director of the local EMS agency if approved by the EMS Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code. Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code.

## **Article 9. Record Keeping and Fees.**

### **100176. Record Keeping.**

- (a) Each paramedic approving authority shall maintain a record of approved training programs within its jurisdiction and annually provide the State EMS Authority with the name, address, and course director of each approved program. The State EMS Authority shall be notified of any changes in the list of approved training programs.
- (b) Each paramedic approving authority shall maintain a list of current paramedic program medical directors, course directors, and principal instructors within its jurisdiction.
- (c) The State EMS Authority shall maintain a record of approved training programs.
- (d) Each local EMS agency shall, at a minimum, maintain a list of all paramedics accredited by them in the preceding five (5) years.
- (e) The paramedic is responsible for accurately completing the patient care record referenced in subsection 100175 (a)(6) which shall contain, but not be limited to, the following information when such information is available to the paramedic:
  - (1) The date and estimated time of incident.
  - (2) The time of receipt of the call (available through dispatch records).
  - (3) The time of dispatch to the scene.
  - (4) The time of arrival at the scene.
  - (5) The location of the incident.
  - (6) The patient's:

- (A) Name;
- (B) Age;
- (C) Gender;
- (D) Weight, if necessary for treatment;
- (E) Address;
- (F) Chief complaint; and
- (G) Vital signs.
- (7) Appropriate physical assessment.
- (8) The emergency care rendered and the patient's response to such treatment.
- (9) Patient disposition.
- (10) The time of departure from scene.
- (11) The time of arrival at receiving hospital (if transported).
- (12) The name of receiving facility (if transported).
- (13) The name(s) and unique identifier number(s) of the paramedics.
- (14) Signature(s) of the paramedic(s).
- (f) A local EMS agency utilizing computer or other electronic means of collecting and storing the information specified in subsection (e) of this section shall in consultation with EMS providers establish policies for the collection, utilization and storage of such data.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.185, 1797.200, 1797.204 and 1797.208, Health and Safety Code.

#### **100177. Fees.**

- (a) A local EMS agency may establish a schedule of fees for paramedic training program review and approval, CE provider approval and paramedic accreditation in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.
- (b) The following are the licensing fees established by the EMS Authority:
  - (1) The fee for initial application for paramedic licensure for individuals who have completed training in California through an approved paramedic training program shall be \$50.00.
  - (2) The fee for initial application for paramedic licensure for individuals who have completed out-of-state paramedic training, as specified in Section 100165 (b), or for individuals specified in Section 100165 (c), shall be \$100.00.
  - (3) The fee for application for license or license renewal as a paramedic shall be \$125.00.
  - (4) The fee for verification of additional CE for an individual whose license has lapsed, as specified in Section 100171 (b) (2), (3) and (4) shall be \$50.00.
  - (6) The fee for state summary criminal history shall be in accordance with the schedule of fees established by the California Department of Justice.
  - (7) The fee for replacement of a license shall be \$10.00.
  - (8) The fee for approval of an out-of-state CE provider shall be \$200.00.

(9) The fee for administration of the provisions of Section 11350.6 of the Welfare and Institutions Code shall be \$5.00.

NOTE: Authority cited: Sections 1797.107, 1797.112, 1797.172, 1797.185, and 1797.212, Health and Safety Code. Reference: Sections 1797.172, 1797.185, and 1797.212, Health and Safety Code; and Section 11105, Penal Code.

## **Article 10. Discipline and Reinstatement of License**

### **100178. Proceedings.**

(a) Any proceedings by the EMS Authority to deny, suspend or revoke the license of a paramedic or place any paramedic license holder on probation pursuant to Section 1798.200 of the Health and Safety Code shall be conducted in accordance with this article and pursuant to the provisions of the Administrative Procedure Act, Government Code, Section 11500 et seq.

(b) Before any disciplinary proceedings are undertaken, the EMS Authority shall evaluate all information submitted to or discovered by the EMS Authority including but not limited to a recommendation for suspension or revocation from a medical director of a local EMS agency, for evidence of a threat to public health and safety pursuant to Section 1798.200 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health and Safety Code.

Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200, and 1798.204, Health and Safety Code.

### **100179. Substantial Relationship Criteria for the Denial, Placement on Probation, Suspension, or Revocation of a License.**

(a) For the purposes of denial, placement on probation, suspension, or revocation, of a license, pursuant to Section 1798.200 of the Health and Safety Code, a crime or act shall be substantially related to the qualifications, functions and/or duties of a person holding a paramedic license under Division 2.5 of the Health and Safety Code. A crime or act shall be considered to be substantially related to the qualifications, functions, or duties of a paramedic if to a substantial degree it evidences present or potential unfitness of a paramedic to perform the functions authorized by her/his license in a manner consistent with the public health and safety.

(b) For the purposes of a crime, the record of conviction or a certified copy of the record shall be conclusive evidence of such conviction. "Conviction" means the final judgement on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health and Safety Code.

Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200 and 1798.204, Health and Safety Code.

### **100180. Rehabilitation Criteria for Denial, Placement on Probation, Suspension, Revocations, and Reinstatement of License.**

(a) At the discretion of the Authority, the Authority may issue a license subject to specific provisional terms, conditions, and review. When considering the denial, placement on probation, suspension, or revocation of a license pursuant to



Section 1798.200 of the Health and Safety Code, or a petition for reinstatement or reduction of penalty under Section 11522 of the Government Code, the EMS Authority in evaluating the rehabilitation of the applicant and present eligibility for a license, shall consider the following criteria:

- (1) The nature and severity of the act(s) or crime(s).
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial, placement on probation, suspension, or revocation which also could be considered grounds for denial, placement on probation, suspension, or revocation under Section 1798.200 of the Health and Safety Code.
- (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subsection (1) or (2) of this section.
- (4) The extent to which the person has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the person.
- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (6) Evidence, if any, of rehabilitation submitted by the person.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health and Safety Code.

Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200 and 1798.204, Health and Safety Code.